



NOTICE OF ADDRESS CHANGE

SECTION 1: INFORMATION

Full Legal Name:

Gambling Establishment Affiliation, if any:

Type of License / Registration (or Designated Agent):

SECTION 2: CHANGE OF BUSINESS ADDRESS

Previous Business Address:

Street

City

State

Zip Code

New Business Address:

Street

City

State

Zip Code

SECTION 3: CHANGE OF MAILING ADDRESS, IF DIFFERENT FROM BUSINESS ADDRESS

Previous Mailing Address:

Street

City

State

Zip Code

New Mailing Address:

Street

City

State

Zip Code

SECTION 4: CHANGE OF PHONE NUMBER OR E-MAIL ADDRESS

Previous Phone Number:

Previous E-mail Address (Optional):

New Phone Number:

New E-mail Address (Optional):

SECTION 5: DECLARATION

I specifically request that all notices and written communications be sent to the new address listed above.

I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this form is true, correct, and complete.

Signature: _____

Printed Name and Title:

Date:

NOTICE OF ADDRESS CHANGE INSTRUCTIONS

Type or print (in ink) all information requested on this form.

Retain a photocopy of the completed form for your permanent records.

A separate form is required for each registered/licensed person/entity.

If the form is returned at any point in the processing, please follow the enclosed directions and resubmit it in a timely manner.

You are responsible for providing the appropriate information. If a question is not applicable, indicate with "N/A."

You must initial and date any corrections, changes, or other alterations.

Any individual or entity who holds a State Gambling License (including Key Employee License), Registration, or a CGCC-issued Work Permit is required to submit a Notice of Address Change Form within TEN days of such change.

SECTION 1: INFORMATION

Provide your full legal name and list all other names if applicable. State your Gambling Establishment Affiliation (i.e. Name of Gambling Establishment), if any, as well as the type of license/registration that you hold (i.e. Owner, Key Employee, Work Permit). If you are the Designated Agent, please state.

SECTION 2: CHANGE OF BUSINESS ADDRESS

and

SECTION 3: CHANGE OF ADDRESS

You must provide your complete previous address and new address.
Even if only part of the address is changing, you must fill in all the blanks.

SECTION 3: CHANGE OF PHONE NUMBER OR E-MAIL ADDRESS

You must provide your complete previous phone number and new phone number. Providing an e-mail address is optional.

SECTION 4: DECLARATION

Sign and date the form under penalty of perjury. A form must be signed and dated to be considered complete.
